

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Lantana Group LLC dba
Low Country Loop Trolley Co

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2012 - 56 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Derrick Williams

Telephone: 843-290-3363

Address: 1514 Mathis Ferry Rd #11
Mt Pleasant, SC 29464

Fax:

Other:

Email: info@lowcountrylooptrolley.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
FEB - 1 11 PM 2012
PUBLIC SERVICE
COMMISSION

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: December 28, 2011

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Lantana Group LLC dba Low Country Loop Trolley Co
1514 Mathis Ferry Rd Suite 11 Mt Pleasant SC 29469
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-290-3363
Phone Fax
dwilliams @ lowcountrylooptrolley.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Terry Williams 498 Albemarle Rd #410 Charleston SC 29407
Derry Williams 498 Albemarle Rd #410 Charleston SC 29407

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

The following insurance quote is for:

Low Country Loop Trolley

(Name of Motor Carrier)

1514 Mathis Ferry Rd #11 Mt Pleasant SC 29464

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance

\$ 9158.54

The above quoted premium is for a term of 12 months.

Minimum Limits: 16 or more passengers - 25,000/300,000/25,000
(Intrastate Only)

National Indemnity Company

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

11/28/11

Date

Johnson & Johnson PO Box 20370 Charleston SC 29413

(Authorized Insurance Company Representative)

Rev 5/07

JOHNSON & JOHNSON
PREFERRED FINANCING, INC.
P.O. BOX 20370
CHARLESTON, SC 29413-0370
FAX (843) 724-7085

CONTRACT ID: 359716-SC
INSURANCE PREMIUM FINANCE AGREEMENT
(THIS IS NOT AN INSURANCE POLICY)

SC LICENSE NO. 111702
MT. PLEASANT, SC 29464
200 WINGO WAY, STE. 200
(843) 724-7076 (800) 868-5573

Number of Policies : 1
Payee: Agency

INSURED LOWCOUNTRY LOOP TRILLEY LLC 1514 MATHIS FERRY MOUNT PLEASANT, SC 29464	a. TOTAL PREMIUM(CASH PRICE)	\$8,889.00
	b. LESS DOWN PAYMENT(+F&T)	\$2,670.20
AGENT : 800809 - CAROLINA INSURANCE SERVICES OF THE LOWCOUNTRY LL PO BOX 1870 RIDGELAND, SC 29936	c. AMOUNT FINANCED	\$6,218.80
	d. FINANCE CHARGE **	\$269.54
	e. TOTAL OF PAYMENTS (c+d)	\$6,488.34
	f. NUMBER OF MONTHLY PAYMENTS	9
	g. AMOUNT OF EACH PAYMENT	\$720.92
	h. TOTAL SALE PRICE (a+d+taxes+fees)	\$9,158.54
	Tax amount	\$0.00
	Fee amount	\$5.00
	i. ANNUAL PERCENTAGE RATE	10.29%
	FIRST PAYMENT DUE	12/28/2011

* Includes a Non-refundable Setup Fee of \$20.00
** Additional premium financing will incur a non-refundable \$20.00 Service Fee (SC Only)
*** Insured may be subject to a \$5.00 Administrative Fee

Policy # 1072156	Effective Date 11/28/2011	Term 12 Months	Code	Name of Insurance Carrier and MGA JOHNSON AND JOHNSON (J&J)	Total Premium \$8,889.00
Policy Type : C					

*NOTE: PAST DUE INSTALLMENT PAYMENTS MUST ACCOMPANY THIS AGREEMENT, NON-PAYMENT RESULTS IN A CANCELLATION OF ABOVE POLICIES.

PREMIUM SERVICE AGREEMENT

NOTICE TO INSURED: Do not sign this agreement before you read it. Under the law, you have the right to pay off in advance the full amount due and to obtain a refund of the service charge. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. YOU MUST GET A COPY OF THIS AGREEMENT. In consideration of the payment for the account of the undersigned insured by J&J Preferred Financing, Inc. (hereinafter referred to as JJPF) of the amount financed on insurance premiums shown above, the undersigned promises to pay to the order of JJPF at the address shown above, the total of payments shown on line "e", in the number of installments indicated on each installment to be in the amount shown on line "F", the first installment to become due and payable on the date shown with the remaining installments becoming due and payable on the same day of each succeeding month thereafter, subject to the following provisions.

NOTICE TO INSURED: Your insurance policy premiums have been financed and are payable on a monthly payment basis. If you do not pay each payment on or before the date due or within 15 days of the date due, we have the right to CANCEL your insurance policy or policies which are financed under the premium finance agreement. To avoid cancellation of your policy or policies, MAKE YOUR PAYMENTS ON TIME

THE UNDERSIGNED INSURED

JJPF as security for the total amount payable hereunder any and all unearned premiums, returns, which may become payable under the insurance policy(ies) the premiums for which are financed hereunder. Agrees not to assign any of the policy(ies) covered hereby except for the interest of mortgagee and loss payees, without the written consent of JJPF and that all rights conferred upon JJPF shall insure to JJPF's successors and assigns. Agrees in the event of default in payment of any installment due hereunder, and after a ten day notice is mailed to the insured, the unpaid balance hereunder shall be immediately due and payable and JJPF may request cancellation of all of the policy(ies) covered hereby, it is further agreed that in the event the total premium(s) is greater than that shown on line A above, the undersigned will either pay the difference in premium due or pay any required additional down payment and any additional finance charge permitted by law. In such event JJPF will forward the undersigned a revision notice showing all information required by law. Agrees that JJPF is authorized to correct or remedy any error in the completion of this agreement, including the correction of the name of any insurance company(ies) or policy number(s) and that the insured will be notified at the address shown on this agreement of any such changes in the agreement within 10 days of date of such changes. Agrees payment must be received in JJPF's offices prior to effective cancellation date to avoid cancellation, and if received after cancellation date payment will only be accepted for credit to the insured's account and without obligation to have any cancellation request withheld or rescinded. Insured may be subject to a \$10.00 cancellation fee (SC only), a Personal Lines cancellation fee of \$5.00 (GA only) or a Commercial Lines cancellation fee of \$15.00 (GA only). Agrees that all unearned or return premiums disbursed by an insurance company (or guarantee fund in the event of company insolvency) with respect to the policy(ies) covered hereby shall be payable to JJPF and credited to the balance due hereunder and if there is any excess of \$1.00 (NC only) or \$5.00 (SC or GA) more over the balance due it shall be paid to the insured. Agrees to remain liable for any unpaid or deficiency balance due hereunder. Agrees that the finance charge shown on line "d" will begin to accrue on the effective date of the policy(ies) shown. Agrees that the insurance agent or agency (including agent or agency employees or associates, etc.) named above, is not the agent of JJPF and has no authority to bind JJPF by representation or otherwise without JJPF's written agreement. Agrees that JJPF shall not be or become liable for any loss or damage to the insured(s) by reason of the failure of any insurer to issue or maintain in force any of said policy(ies) or by reason of the proper exercise by JJPF of rights herein conferred. Does hereby empower JJPF to sign my(our) name to any forms required to obtain refunds and/or any refund checks or drafts payable to me by reason of cancellation of policy(ies) described above for any reason, including, but not limited to, non-payment or company insolvency. Agrees, in addition to the amount shown in "e" above, to pay JJPF a delinquency and collection charge with each installment payment, which is in default for a period of five (5) days or more. This charge is to be 5 percent of the installment with a minimum amount of \$1.00 (SC or NC) or \$1.50 (GA only), however, if the loan is primarily for personal family and household purposes the maximum delinquency charge may not exceed \$5.00 (SC only). Agrees to pay an attorney's fee not to exceed 20 percent of the amount due if this agreement is referred for collection to any attorney who is not a salaried employee of JJPF. A \$30.00 service charge will be added to all returned checks.

POWER OF ATTORNEY

For value received, I, the undersigned insured, hereby sell, assign, and transfer unto J&J Preferred Financing, Inc. (JJPF) all of my right, title, and interest in and to any unearned premium on insurance policy(ies) shown above, and I do hereby irrevocably constitute and appoint JJPF as my attorney in fact, in the event of default to authorize and give notice of the cancellation of said insurance policy(ies) and to receive on behalf of JJPF any unearned premium financed by this agreement.

I ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

Signed this _____ day of _____.

PRODUCERS CERTIFICATION

The undersigned unconditionally represents that the insurance policy(ies) listed upon this agreement are in force, that the premiums therefore are correct, that the down payment shown above has been collected, and that the insured has received a copy of this agreement, and that no audit or reporting form policy(ies), subject to retrospective rating or to minimum earned premiums are included in this agreement except as indicated and that the deposit or provisional premiums for the indicated policy(ies) are not less than the anticipated premiums to be earned for the full term of the policy(ies), and that none of the policy(ies) contain provisions which prohibit cancellation by the insured or the company within 10 days except as indicated, nor except as indicated is the unearned premium on the scheduled policy(ies) to be computed by other than the standard short rate or pro rata table. Upon cancellation of the policy(ies) financed, the undersigned will remit to J&J PREFERRED FINANCING, INC. the full amount of unearned premium, including unearned commission, applicable to such cancelled policy(ies) upon receipt from the carrier. The undersigned certifies that to the best of his knowledge and belief the insured's signature(s) hereon are genuine, and that all of the policy(ies) listed hereon have been issued or signed by the undersigned, except as indicated (List General Agency(ies), if any). We are the authorized policy(ies) issuing agent of the insurance companies or the broker placing the coverage directly with the insurance company on all policy(ies) listed above.

Signed this _____ day of _____.

Account Summary For Lowcountry Loop Trolley LLC



Quote # 1072156

Status Pending

Originally Quoted 11/04/2011 3:53 PM EDT
 Quote Printed 11/09/2011 9:02 AM EST
 Proposed Effective 11/04/2012 12:00 AM EDT
 Proposed Expiration 11/04/2012 12:00 AM EDT

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	6,282
7	UM - BIPD	100,000 CSL	288
7	UIM - BIPD	100,000 CSL	288
7	Medical Payments	5,000	448

7	Physical Damage	See Specific Unit	1,578
	Total Ins Value	70,000	

Quoted By: Leigh Barrow
 Johnson & Johnson, Inc.
 200 Wingo Way
 Mt. Pleasant, SC 29464

lab@jjins.com
 Producer: JOHNSON & JOHNSON INC
 PO BOX 899
 CHARLESTON, SC 29402

Total \$8,884.00

Revision: 71SC2011R03

Vehicle Information

NICO-Rate Version 8.3.10.51

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	At/Lessor	Unit Sub Total
1 2008 WARD Comp/Coll: \$35,000 Radius: Up to 50 Miles	3,141 Deductible:	144 1,000/1,000	144	224	789	N/A	N/A	4,442
2 2008 WARD Comp/Coll: \$35,000 Radius: Up to 50 Miles	3,141 Deductible:	144 1,000/1,000	144	224	789	N/A	N/A	4,442

**OFFER OF OPTIONAL ADDITIONAL UNINSURED
MOTORIST COVERAGE AND OPTIONAL
UNDERINSURED MOTORIST COVERAGE**

I. EXPLANATION OF COVERAGES

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. **Automobile liability insurance coverage** pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. **Bodily injury coverage** is a coverage which pays people upon whom your motor vehicle inflicts bodily injury. **Property damage coverage** is a coverage which pays people for damages which your automobile causes to their motor vehicles or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$25,000.00 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000.00 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide to you at least \$25,000.00 in property damage coverage for each accident which you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25/50/25. These limits are commonly known as **minimum limits**. If you purchase automobile liability insurance, then, in order to drive your automobile upon the roads of this State, you must have at least minimum limits.

There is no requirement under the laws of this State that an insurance company which underwrites your minimum limits of \$25,000/\$50,000/\$25,000 must also agree to underwrite higher than those minimum limits of automobile liability insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under this State's insurance laws, once an insurance company agrees to underwrite your automobile liability insurance coverage, you must be offered, at your option, two additional automobile insurance coverages which will protect you in the event you are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed additional uninsured motorist coverage and underinsured motorist coverage. You may see them referred to within your automobile insurance policy as UM and UIM. If you decide to purchase either of these two optional coverages, then you will be required to pay an additional automobile insurance premium for each of these additional coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically must provide uninsured motorist coverage of \$25,000/\$50,000/\$25,000. All uninsured motorist coverages provide for a \$200 deductible for uninsured property damage claims.

You also have the right to buy **additional** uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

Quote # 1072156

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy underinsured motorist coverage in limits up to the limits of liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

It is important that you understand that, *if you reject* either one of these coverages upon this form and if you are involved in an automobile accident, then this form may be used by your insurance company *as evidence against you* if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this form, then the law requires that additional uninsured motorist coverage and underinsured motorist coverage, in the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, then your automobile insurance policy may be cancelled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist coverage or of underinsured motorist coverage, you must then contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or by your insurance company upon renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or by your current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company *must* answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

Office of Consumer Services
State of South Carolina Department of Insurance
Capitol Center
1201 Main Street, Suite 1000
Post Office Box 100105
Columbia, South Carolina 29202-3105
(803) 737-6180
(800) 768-3467
E-mail Address: consumers@doi.sc.gov

II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$203
<u>\$30,000/ \$60,000/ \$25,000</u>	<u>\$216</u>
<u>\$50,000/ \$100,000/ \$25,000</u>	<u>\$257</u>
<u>\$50,000/ \$100,000/ \$50,000</u>	<u>\$261</u>

Your Policy's Liability Coverage Limits:

\$1,000,000 CSL \$680☐ I reject additional Uninsured Motorist Coverage☒ I select additional Uninsured Motorist Coverage at the following limits: \$100,000 CSL**III. OFFER OF UNDERINSURED MOTORIST COVERAGE**

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$203
<u>\$30,000/ \$60,000/ \$25,000</u>	<u>\$216</u>
<u>\$50,000/ \$100,000/ \$25,000</u>	<u>\$257</u>
<u>\$50,000/ \$100,000/ \$50,000</u>	<u>\$261</u>

Your Policy's Liability Coverage Limits:

\$1,000,000 CSL \$680☐ I reject additional Underinsured Motorist Coverage☒ I select additional Underinsured Motorist Coverage at the following limits: _____**IV. APPLICANT'S ACKNOWLEDGEMENT**

By my signature, I acknowledge that I have read – or I have had read to me – the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws

Type or Print Your Name: _____

Your Signature: _____

Today's Date: _____

Your Address: _____

Exhibit Fit, Willing, and Able (FWA)

Low Country Loop Trolley Co

Name of Applicant

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes

☒ No

☐ Pending

(Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory

☐ Conditional

☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes

☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes

☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Lantana Group LLC dba
Low Country Loop Trolley Co

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Derrick Williams

Telephone: 843-290-3363

Address: 1514 Mathis Ferry Rd #11
MT Pleasant, SC 29464

Fax: _____

Other: _____

Email: info@lowcountrylooptrolley.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

EXHIBIT FWA

Name: Lantana Group LLC dba Low Country Loop Trolley Co

U.S.D.O.T. No. _____

ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No X Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy)

Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No X

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No X
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all insurance regulations and safety regulations, governing charter bus carrier operations in South Carolina and does applicant agree to operate in compliance with these regulations?

Yes X No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

APPLICANT'S OATH

I, Derrick Williams, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record Of Annual Inspection forms on file at the company's primary place of business. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

(Applicant's Signature)

At Sworn to before me Livingston of Charleston

This 12th day of Dec, 2011
Elizabeth Sweet
(Notary Public) L. Sweet

Commission Expires:

4/26/20

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00**

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (**Company ending must be included in name***)

Lantana Group, LLC

***NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LL.C.", "LLC", L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."**

2. The address of the initial designated office of the limited liability company in South Carolina is
520 Folly Road, Suite P-284

Street Address

Charleston, SC

City

29412

Zip Code

3. The initial agent for service of process is

Terry Williams

Name

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

520 Folly Road, Suite P-284

Street Address

Charleston, SC

City

29412

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) Terry Williams

Name

520 Folly Road, Suite P-284

Street Address

Charleston

City

SC

State

29412

Zip Code

- (b) Derrick Williams

Name

520 Folly Rd, Suite P-284

Street Address

Charleston, SC

City

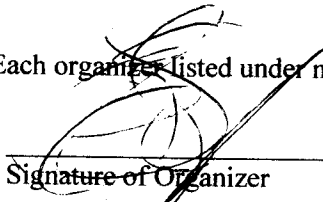
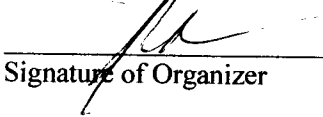
SC

State

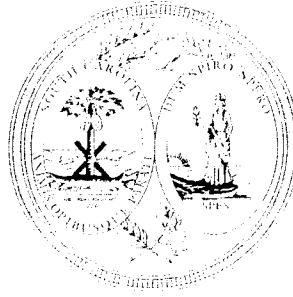
29412

Zip Code

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) _____
Name _____
Street Address _____
City _____ State _____ Zip Code _____
- (b) _____
Name _____
Street Address _____
City _____ State _____ Zip Code _____
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each ~~organizer~~ listed under number 4 must sign.
- | | |
|---|-------------------|
| 
Signature of Organizer | 3/15/2011
Date |
| 
Signature of Organizer | 3/15/2011
Date |

The State of South Carolina



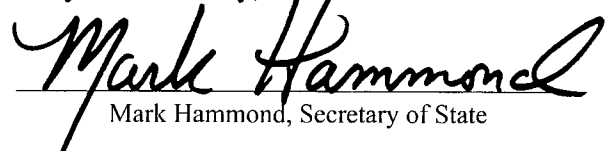
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

LANTANA GROUP LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 13th, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
1st day of February, 2012.


Mark Hammond, Secretary of State